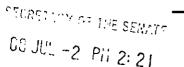
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<b>FORM</b>	1

## STATEMENT OF



08 JUL -2 Pii 2: 21 **ORGANIZATION** Office Use Only NAME OF Example:If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. BUB SCHAFFER FOR US SENATE ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS @babschafferforsenate.com COMMITTEE'S WEB PAGE ADDRESS (URL) MNW bobsinaffer for senate com COMMITTEE'S FAX NUMBER åb' à 008 DATE CO04349.85 FEC IDENTIFICATION NUMBER IS THIS STATEMENT , NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact:

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FEC FORM 1 (Revised 12/2007)